



ST. CHARLES POLICE DEPARTMENT

FREEDOM OF INFORMATION REQUEST

RETURN FORM VIA

FAX OR E-MAIL:

630-377-1078

pdfir@stcharlesil.gov



REQUESTER'S NAME:		POLICE USE ONLY	
		FOIA Number	
ORGANIZATION (If any):		Date Received	
ADDRESS:		Due Date	
CITY:		STATE:	ZIP:
HOME PHONE #:		CELL PHONE #:	
E-MAIL ADDRESS:			
HOW WOULD YOU LIKE TO RECEIVE YOUR RESPONSE? <input type="checkbox"/> E-MAIL ↑ <input type="checkbox"/> FAX ↓ <input type="checkbox"/> CALL ME FOR PICK-UP ↓			
FAX #: _____ CALL MY: <input type="checkbox"/> HOME # <input type="checkbox"/> CELL #			
COMMERCIAL REQUEST?: <input type="checkbox"/> YES <input type="checkbox"/> NO (Commercial: Use for sale, resale, solicitation or advertisement for sales or services)			
RECORDS SOUGHT (Report #/ dates/ names/ locations/ etc.)			
SIGNATURE OF REQUESTER			
The Police will respond to a request for public records within five (5) business days after its receipt.			
▼ POLICE USE ONLY ▼			
RESPONSE			
FULL DENIAL <input type="checkbox"/>	PARTIAL DENIAL <input type="checkbox"/>	FULL RELEASE <input type="checkbox"/>	NO INFO <input type="checkbox"/>
REASON FOR DENIAL:			
FEE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MUCH? \$		RESPONDED: E-MAIL <input type="checkbox"/> U.S. MAIL <input type="checkbox"/> FAX <input type="checkbox"/> PICK-UP <input type="checkbox"/>	
FOIA OFFICER SIGNATURE		DATE	
ADDITIONAL COMMENTS:			<input type="checkbox"/> ID NEEDED
EXTENSION <input type="checkbox"/> DATE EXTENSION LETTER SENT _____ REVISED DUE DATE _____			
DATE PAC NOTIFIED: _____ PAC RESPONSE: _____			